



ADULT SOFTBALL

2004 WINTER LEAGUE



ORGANIZATIONAL MEETING

The organizational meeting for the Adult Softball Winter 2004 Season will be held on Wednesday, January 7 at 7pm at the Southeast Regional Library, 775 N. Greenfield (Greenfield and Guadalupe). All **new teams** interested in registering for the Winter 2004 Adult Softball League must send a representative to this meeting. **League play begins the week of February 15.**

REGISTRATION / LOTTERY

REGISTRATION: Registration will be handled on a lottery basis. All teams (new and returning) must mail or drop off a completed roster with a minimum of ten players' names, addresses, and signatures to the ***NEW*** Gilbert Parks and Recreation office, **70 E. Civic Center Drive, Gilbert, AZ, 85296** from **January 7 - January 23**. All rosters must be received by January 23 at 5pm to be considered for the lottery. Postmarks will not be accepted. Please make a copy of your roster before turning it in. Only original rosters will be accepted (no faxes, xeroxed copies, etc.). Rosters must be completed in ink.

PROOF OF RESIDENCY: All Winter 2004 Priority I and Priority II teams must submit new proofs of player residency for the 2004 calendar year: copies of drivers' licenses, deposit slips, utility bills, etc. — for Gilbert players when turning in roster. Proofs of residency will not be accepted after the Friday, January 23 deadline.

PRIORITY INFORMATION

Priority I	75% of the players listed on the roster must be Gilbert residents.	<table><tr><th>Roster Amount</th><th>75% Gilbert</th></tr><tr><td>20</td><td>15</td></tr><tr><td>19</td><td>14</td></tr><tr><td>18</td><td>13</td></tr><tr><td>17</td><td>12</td></tr><tr><td>16</td><td>12</td></tr><tr><td>15</td><td>11</td></tr></table>	Roster Amount	75% Gilbert	20	15	19	14	18	13	17	12	16	12	15	11	<table><tr><th>Roster Amount</th><th>75% Gilbert</th></tr><tr><td>14</td><td>10</td></tr><tr><td>13</td><td>9</td></tr><tr><td>12</td><td>9</td></tr><tr><td>11</td><td>8</td></tr><tr><td>10</td><td>7</td></tr></table>	Roster Amount	75% Gilbert	14	10	13	9	12	9	11	8	10	7
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Priority II	50% of the players listed on the roster must be Gilbert residents and the team must be sponsored by a Gilbert business.																												
Priority III	All of the other teams that do not meet the above requirements. Proof of residency required for all 2004 Priority I and II teams.																												

LOTTERY: On **Saturday, January 31** the softball lottery will be held at the **Southeast Regional Library (Greenfield and Guadalupe)**. Registration for each category will not begin until the previous category is complete (see below). Attendance at the lottery is required.

PAYMENT: All teams must have payment for the entry fee at the lottery at the time of their selection on January 31. Payment for Priority II teams must be by a company check from their Gilbert business sponsor. **Only one check per team will be accepted! Checks made out to: Town of Gilbert.**

	Women	Co-Rec	Men
Priority I	8:30am	9am	10:15am
Priority II	11:30am	11:45am	12pm
Priority III	12:10pm	12:20pm	12:30pm

LATE REGISTRATION: All new teams which did not send a representative to the organizational meeting, or teams which did not submit completed rosters by the January 23 deadline may register for any remaining league openings after the lottery at 12:30pm on Saturday, January 31 at the Southeast Regional Library, 775 N. Greenfield Road. Teams must bring a completed roster and payment. Late registrants will pay Priority III fees. *(Subject to availability).*

SEE REVERSE SIDE FOR ADDITIONAL LEAGUE INFORMATION

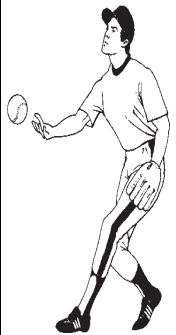
Gilbert Parks & Recreation Department • 70 E Civic Ctr Dr, Gilbert 85296 • 503-6200

Winter 2004 Adult Softball League

LEAGUE STRUCTURE

Softball leagues are based on the final total of entries. All leagues include a schedule of 7 or 14 games and will include a post-season single-elimination tournament. The Gilbert Parks and Recreation Department reserves the right to adjust any policy, regulation, procedure, or format without notice, and to classify teams as deemed necessary.

Day	League	Level	Game Times	Priority 1	Priority 2	Priority 3	ASA Fee
Mon	Co-Rec Singleheader	D	6:15pm	\$330	\$345	\$360	\$20
Mon	Co-Rec Singleheader *New	D+	7:15pm	\$330	\$345	\$360	\$20
Mon	Men's Doubleheader	D	8:15, 9:15pm	\$525	\$555	\$585	\$20
Tues	Women's Singleheader	C+	6:15pm	\$330	\$345	\$360	\$20
Tues	Co-Rec Singleheader *From Wed.	C	7:15pm	\$330	\$345	\$360	\$20
Tues	Men's Doubleheader	C+	8:15, 9:15pm	\$525	\$555	\$585	\$20
Weds	Men's Doubleheader *New	D	6:15, 7:15pm	\$525	\$555	\$585	\$20
Weds	Men's Doubleheader	C	8:15, 9:15pm	\$525	\$555	\$585	\$20
Thurs	Women's Doubleheader	B	6:15, 7:15pm	\$525	\$555	\$585	\$20
Thurs	Men's Doubleheader	B	8:15, 9:15pm	\$525	\$555	\$585	\$20
Fri	Co-Rec Singleheader	B	6:15pm 1st wk	\$330	\$345	\$360	\$20
Fri	Co-Rec Singleheader	C+	7:15pm 1st wk	\$330	\$345	\$360	\$20
Fri	Co-Rec Singleheader	C	8:15pm 1st wk	\$330	\$345	\$360	\$20
Fri	Co-Rec Singleheader	D	9:15pm 1st wk	\$330	\$345	\$360	\$20
Sun	Co-Rec Singleheader	D	5:25pm	\$330	\$345	\$360	\$20
Sun	Co-Rec Singleheader	C+	6:30pm	\$330	\$345	\$360	\$20
Sun	Men's Doubleheader	C	7:35, 8:40pm	\$525	\$555	\$585	\$20



**A \$20 A.S.A. fee will be charged to all teams to be sanctioned for 2004.*

GAME TIMES & LOCATION

Game times: See chart above
 Games played at: Freestone Park (Juniper & Lindsay)

UPCOMING LEAGUE DATES

2004 SPRING LEAGUE

Organizational Meeting April 7
 Rosters Submitted April 7-April 23
 Lottery/Payment May 1
 League Play May 9th

**League dates are subject to change. Call (480)503-6200 for any schedule updates.*

Effort will be made to have rosters available at the ballfields before the end of each season for player signatures. Rosters will also be mailed to managers before each scheduled organizational meeting. **However, it is the responsibility of each team to ensure they have a roster completed and submitted in accordance with the league deadlines.**

SOFTBALL TEAM ROSTER



70 E Civic Center Dr, Gilbert, Arizona 85296 • (480) 503-6200

TEAM INFORMATION

(Please print)

Team Name: _____ Manager email: _____

Former Team Name: _____

Manager: _____ Phone (wk) _____ (hm) _____ (cell) _____

Address: _____ City: _____ Zip: _____

*TEAM PRIORITY LEVEL

☐

Priority 1

☐

Priority 2

☐

Priority 3

PLEASE INDICATE TEAM PRIORITY LEVEL ABOVE *See the softball information flyer for a description of priority levels.

SOFTBALL PROGRAM

(Please write in the league you wish to enter. Include league name, level of play and night)

First Choice: _____

Second Choice: _____

What league would you like to see offered: _____

PLEASE NOTE: Teams must be prepared to play on all leagues given as choices.
No refunds will be given unless the league is cancelled.

What league did your team play in last season? City: _____

Team Name: _____ Level of Play _____

What was your record last season? (or current league to date) _____ Wins _____ Losses

Number of returning players from last season? _____

Rosters must be **completely filled out** with the address, phone number and signature of each player.
(see reverse side) Incomplete rosters will not be accepted. Players must be 18 years of age. Roster maximum is 20 players; minimum is 10 players.

As the representative of my team, I have read and agree to all the rules and regulations of the Gilbert Parks and Recreation Sports Program. I verify that to the best of my knowledge all information given on this form is true and accurate.

Manager's Signature

Date

(Complete team roster on reverse side)

For Office Use Only

Date Received _____

Priority Level 1 2 3

Check # _____

Check Amount \$ _____

Cash Amount \$ _____

Total \$ _____

(ASA Fee Included ☐ Yes ☐ No)

Staff _____

SOFTBALL TEAM ROSTER

ASSUMPTION OF RISK & RELEASE OF ALL CLAIMS & NOTICE

I allow my child and/or myself, to participate in this program. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may hereafter have as a result of participating in recreational activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my own physical condition is satisfactory to participate in physically demanding activities. I am at least 18 years of age.

Team Name: _____ Manager: _____

Player's Name	Address	City	Zip	Phone	Signature
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